



## **DAKOTA OJIBWAY POLICE SERVICE**

### **MEDICAL EXAMINATION REPORT**

*Submit Medical Examination Report with Application, to:*

**Chief of Police  
Dakota Ojibway Police Service  
P.O. Box 37  
5000 Crescent Road West  
Portage la Prairie, MB R1N 3B2  
Fax: (204) 856-5389  
Email: [dops@dops.org](mailto:dops@dops.org)**

Telephone Inquiries should be directed to: (204) 856-5370

[www.dops.org](http://www.dops.org)

An Equal Opportunity Employer

# MEDICAL EXAMINATION REPORT

<b>SURNAME:</b>		<b>GIVEN NAMES:</b>			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:		
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE:		WORK TELEPHONE:		CELL-PHONE:	

HEIGHT (NO SHOES)				WEIGHT (NO SHOES)			
cm				kg			
BLOOD PRESSURE				PULSE			
RA	LA			RATE	RHYTHM	RESP.	TEMP.
NORMAL				√	√	ABNORMAL (EXPLAIN BELOW)	
SKULL							
HAIR							
LIDA – CONJ - SCIERA							
FUNDI							

R / D	250	500	1000	2000	3000	4000	6000				
L / G											
NORMAL								√	√	ABNORMAL (EXPLAIN BELOW)	
PINNA – CANSIS – TM											
NASAL SEPTUM - MUCOSA											
TEETH											

		NORMAL	√	√	ABNORMAL (EXPLAIN BELOW)
TONGUE					
TONSILS - PHARYNX					
THYROID					
CERVICAL NODES					
BRULT					
NECK VEINS					
MOVEMENT AND STRENGTH					
SKIN					
NALLA – FINGERS - TOES					
SHAPE – SYMMETRY – DIAHRAMATI EXCURSION					
PERCUSSION					
AUSCULATION					
BREASTS (DISCHARGE – MASSES)					
AXILLARY NODES					
		NORMAL	√	√	ABNORMAL (EXPLAIN BELOW)
PULSES	RADIAL – FEMORAL –D. PEDIS - TIBIAL				
HEMIA					
SHAPE					
BOWEL SOUNDS (BRUITS)					
LIVER – KIDNEY – SPLEEN					
LNGUINAL NODES/MASSES					
SPINAL ALIGNMENT					
EXTREMIEA (EDEMA – VANCOSITIES)					

	NORMAL	√	√	ABNORMAL (EXPLAIN BELOW)
JOINTS				
MUSCULAR STRENGTH				
CNS				
MOTOR				
SENSOREY				
CEREBELLAR				
REFLEXES				
JFA;LFJAFJA (MALE)				
PENIS				
SCTOTUM – TESTES (HEMIS)				
PROSTRATE				
FJA (FEMALE)				
PENNEUM – VAGINA				
CERVIX – UTERUS - ADNEXA				
1. URINE – SUGUR				
2. URINE – PROTEIN				
3. CBC				
4. DIFF				
5. GLUCOSE (2H. P.C.)				
6. CHOLESTEROL				
7. EKG				
8. LUNG X-RAY				
9. RUBELLA (♀)				
10. URINE – SUGUR				

VISUAL ACUITY	WITHOUT CORRECTIONS	O.D. 6/	O.S. 6/	WITH CORRECTIONS		O.D. 6.	O.S. 6/
				NORMAL	ABNORMAL (EXPLAIN BELOW)		
				√	√		
VISUAL FIELDS							
COLOR VISION (ISHIHARA)							
COLOR VISION (D-16)							
BINOCULAR VISION							

HOW MANY YEARS HAVE YOU ACTED AS THE APPLICANT'S MEDICAL PRACTITIONER?	(YYYY/MM)
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APPLICANT IS SOUND:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	APPLICANT IS UP TO STANDARD:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
APPLICANT IS FIT FOR ENGAGEMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	APPLICANT SHOULD BE REFERRED TO A CONSULTANT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

OTHER (SPECIFY)

EXAMINING PHYSICIAN (PLEASE PRINT)	SIGNATURE	DATE
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ADDRESS	CITY	PROVINCE
POSTAL CODE	WORK TELEPHONE	EXTENSION

## **GUIDE FOR MEDICAL EXAMINERS**

**BLOOD PRESSURE:** Must be reasonably normal. Extremely high blood pressure should be considered cause for rejection but, if the deviation from normal is considered of a temporary nature only, the Medical Examiner may, at his discretion, suggest to the applicant that he return for a re-check. In such cases a notation should be made on the form.

**BODY DEVELOPMENT:** The muscular system must be well developed; contracting or deformity of joints or abnormal curvature of the spine are causes for rejection.

**BODY MARKS:** Distinctive marks and any peculiar physical features are to be noted for identification purposes.

**CHEST:** Contraction or deformity of the chest is a cause for rejection. E=ray will be given on final examination.